

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-020460

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

Registration District No.

FILED JUN 3 1963

## 1. PLACE OF DEATH

a. COUNTY

Jasper

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN JoplinLength of stay in 1b.  
Lifetimec. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION St. John's HospitalInside Limits  
Yes ☐ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Jasper

c. CITY OR TOWN Joplin

Inside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
2224 Pearl AvenueReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First RALPH

Middle E.

Last ALBRIGHT

4. DATE OF DEATH

Month May

Day 25,

Year 1963

## 5. SEX

M

## 6. COLOR OR RACE

W

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

7/9/1909

## 9. AGE (last birthday)

53

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Society Counselor

## 10b. KIND OF BUSINESS OR INDUSTRY

Empire Dist. Elec. Co.

## 11. BIRTHPLACE (City and state or country)

Joplin, Missouri

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Albert Albright

## 13b. MOTHER'S MAIDEN NAME

Lettie Dell

## 14. NAME OF HUSBAND OR WIFE

Irene Albright

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of serv)

Yes

W.W. II

## 17. INFORMANT

Wife:

Irene Albright, 2224 Pearl Ave., Joplin

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Pulmonary acidosis.

## INTERVAL BETWEEN ONSET AND DEATH

3 days.

## DUE TO (b)

Emphysema, severe.

5 years.

## DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Recent surgery for primary carcinoma of stomach.

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. Month, Day, Year  
p.m.20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 4-20-63 to 5-25-63 and last saw him alive on 5-25-63  
Death occurred at 5:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

2509 Jackson, Joplin, Mo.

## 22c. DATE SIGNED

5-27-63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

5-28-1963

## 23c. NAME OF CEMETERY OR CREMATORY

OSBORNE MEMORIAL

## 23d. LOCATION (City, town, or county)

Joplin, Missouri

(State)

## 24. FUNERAL DIRECTOR

## ADDRESS

STEVE PARKER MORTUARY, JOPLIN, MISSOURI

## 25. DATE RECD. BY LOCAL REG.

5-28-1963

## 26. REGISTRAR'S SIGNATURE

Dove Merriam

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300  
Rev. 4/59

1 0499

2 04992

3

4 0

5 1

6

7 0

8 2

9 527.11

10

11

12 3-0

13 2-0

1966 JUN 2

RECEIVED JUN 8 1966

MAR 11 1966

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Harry E. Smith*

Licensed Embalmer No.

4465

P. O. Address

*Joseph M. Smith*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.